

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSSTATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16350

State File No. 4443

MAY 19 1943

318

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

- (a) County.....
(b) City or town..... **St. Louis, Missouri.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri Pacific Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether

In this community
years, months or days)3. (a) PRINT
FULL NAME**Ms Georgia McConaha**

3. (b) If veteran,
-
- name war.....

3. (c) Social Security
-
- No.
- None**

4. Sex
- Female**
5. Color or
-
- race
- White**
6. (a) Single, widowed, married,
-
- divorced
- Married**

6. (b) Name of husband or wife.....
- Guy McConaha**
6. (c) Age of husband or wife if
-
- alive
- 59**
- years

7. Birth date of deceased.....
- August 14, 1884**
-
- (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
-
- 58 8 27**
- hr. min.

9. Birthplace.....
- Norris City Illinois**
-
- (City, town, or county) (State or foreign country)

10. Usual occupation
- Housewife**

11. Industry or business.....

- MOTHER FATHER { 12. Name.....
- William Adams**
-
13. Birthplace.....
- Valprasio Indiana**
-
- (City, town, or county) (State or foreign country)
-
14. Maiden name.....
- Laura Vinson**
-
15. Birthplace.....
- Unknown Tennessee**
-
- (City, town, or county) (State or foreign country)

16. (a) Informant.....
- Guy McConaha**
-
- (b) Address.....
- 950 Belt Avenue.**
-
17. (a)
- Removal**
- (b) Date thereof
- 5/12/43**
-
- (Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation.....
- Mt. Vernon, Illinois**

18. (a) Signature of funeral director.....
- Albert H. Hoppe, Inc**

- (b) Address.....
- 4700 Washington Blvd.,**

19. (a)
- MAY 12 1943**
- (b)
- J. F. Brudeck**
-
- (Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State..... **Missouri** (b) County.....
(c) City or town..... **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **950 Belt Avenue.,**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month
- May**
- day
- 11**
-
- year
- 1943**
- hour
- 11:45**
- minute
- P.**
- M.

21. I hereby certify that I attended the deceased from
- MAY**
-
- 3rd**
- , 1943, to
- May 11**
- , 1943;

that I last saw her alive on **May 11**, 1943;
and that death occurred on the date and hour stated above.Immediate cause of death..... **Cerebral thrombosis**
or hemiplegia from**Cerebral Branches - Pulmonary**

Due to.....

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)Major findings:
Of operations.....

Of autopsy.....

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify).....
(b) Date of occurrence.....
(c) Where did injury occur?..... (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work..... (Specify type of place) (e) Means of injury.....

23. Signature..... (M. D. or other)
-
- Address..... Date signed
- 5-11-43**

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.